

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) LCV Victory Fund			FEC IDENTIFICATION NUMBER ▼ C C00486845		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> </div>					
Full Name of Payee Mack-Sumner Communications, LLC			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2016		
Mailing Address 2001 N Beauregard St Ste 420			Amount 307465.93		
City State Zip Code Alexandria VA 22311-1750		Transaction ID : E4226C19CD4EB42D6845 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y			
Purpose of Expenditure Mailer and Postage (Estimate)		Category/Type		M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Trump, Donald, J., ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <u>00</u> State: <u>DC</u>		
Calendar Year-To-Date Per Election for Office Sought 6794659.83			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y		
Mailing Address			Amount		
City State Zip Code		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y			
Purpose of Expenditure		Category/Type		M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures.....▶ (b) SUBTOTAL of Unitemized Independent Expenditures▶ (c) TOTAL Independent Expenditures.....▶ </div> <div style="border: 1px solid black; padding: 5px; width: 200px;"> 307465.93 </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Collins, Patrick, , , Signature			[Electronically Filed] Date 10 / 27 / 2016		